

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2022

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation.) Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 07-01-2022, and ending 06-30-2023

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: PLANNED PARENTHOOD ACTION FUND INC. Doing business as: Number and street (or P.O. box if mail is not delivered to street address): 123 WILLIAM STREET 10 FL. Room/suite: City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10038

D Employer identification number: 13-3539048. E Telephone number: (212) 541-7800. G Gross receipts \$ 40,045,139

F Name and address of principal officer: ALEXIS MCGILL JOHNSON, 123 WILLIAM STREET, NEW YORK, NY 10038

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3) [checked], 501(c)(4) (insert no.), 4947(a)(1), 527

J Website: WWW.PLANNEDPARENTHOODACTION.ORG

K Form of organization: Corporation [checked], Trust, Association, Other

L Year of formation: 1989. M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROTECT AND EXPAND ACCESS TO SEXUAL AND REPRODUCTIVE HEALTHCARE AND RIGHTS. SEE SCH O.TO PROTECT AND EXPAND ACCESS TO SEXUAL AND REPRODUCTIVE HEALTHCARE AND RIGHTS THROUGH EDUCATION, ADVOCACY, AND LIMITED ELECTORAL ACTIVITIES.

Table with 2 columns: Description, Amount. Rows 2-7a: 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 20. 4 Number of independent voting members of the governing body (Part VI, line 1b) 20. 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 0. 6 Total number of volunteers (estimate if necessary) 38,129. 7a Total unrelated business revenue from Part VIII, column (C), line 12 0.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants (Part VIII, line 1h) 53,215,180 / 39,955,857. 9 Program service revenue (Part VIII, line 2g) 0 / 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 379 / 66,345. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,690 / 22,937. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 53,229,249 / 40,045,139.

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13,461,989 / 18,703,606. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 / 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,233,451 / 8,048,179. 16a Professional fundraising fees (Part IX, column (A), line 11e) 765,450 / 2,244,889. 16b Total fundraising expenses (Part IX, column (D), line 25) 12,270,148. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17,247,051 / 24,911,581. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 36,707,941 / 53,908,255. 19 Revenue less expenses. Subtract line 18 from line 12 16,521,308 / -13,863,116.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (Part X, line 16) 32,252,721 / 13,730,743. 21 Total liabilities (Part X, line 26) 7,809,111 / 3,150,249. 22 Net assets or fund balances. Subtract line 21 from line 20 24,443,610 / 10,580,494.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: ILANA ESTERRICH CFO. Date: 2024-02-29. Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date 2024-02-28, Check if self-employed, PTIN P01875806, Firm's name KPMG LLP, Firm's EIN 13-5565207, Firm's address 345 PARK AVENUE, NEW YORK, NY 101540102, Phone no. (212) 758-9700.

May the IRS discuss this return with the preparer shown above? See Instructions. Yes [checked] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III



1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 34,096,774 including grants of \$ 18,703,606) (Revenue \$)
ADVOCACY - PROGRAMS DESIGNED TO EMPOWER ALL PEOPLE TO BUILD THE FUTURE THEY WANT AND CHANGE CULTURAL ATTITUDES ABOUT REPRODUCTIVE HEALTH.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 34,096,774

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a No
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Enter the name of the foreign country: 4a No
4b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a Yes
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Yes
7 Organizations that may receive deductible contributions under section 170(c).
7a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a
7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c
7d If "Yes," indicate the number of Forms 8282 filed during the year 7d
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8
9 Sponsoring organizations maintaining donor advised funds.
9a Did the sponsoring organization make any taxable distributions under section 4966? 9a
9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter:
10a Initiation fees and capital contributions included on Part VIII, line 12 10a
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter:
11a Gross income from members or shareholders 11a
11b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
13a Is the organization licensed to issue qualified health plans in more than one state? 13a
Note. See the instructions for additional information the organization must report on Schedule O.
13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b
13c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 No
16 If the organization is a trust, did it file Form 4720, Schedule N, to report the section 4968 excise tax on net investment income? 16 No
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17
If "Yes," complete Form 6069.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Row 17: List the states with which a copy of this Form 990 is required to be filed. Answer: AL, AK, AR, CA, FL, GA, HI, IL, KS, KY, ME, MD, MA, MN, MS, NH, NJ, NM, NY, NC, OH, OR, PA, RI, SC, TN, UT, VA, WV, WI. Row 18: Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O). Row 19: Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. Row 20: State the name, address, and telephone number of the person who possesses the organization's books and records: CAMILA SOUSA 123 WILLIAM STREET 10TH FLOOR NEW YORK, NY 10038 (212) 541-7800

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) ALEXANDRA ACKER-LYONS DIRECTOR	1.00 0.00	X						0	0	0
(2) BRYNNE CRAIG DIRECTOR	1.00 0.00	X						0	0	0
(3) CRISTINA TZINTZUN RAMIREZ DIRECTOR	1.00 0.00	X						0	0	0
(4) COLLEEN FOSTER DIRECTOR/TREASURER	1.00 0.00	X			X			0	0	0
(5) HARRIS PARNELL DIRECTOR	1.00 0.00	X						0	0	0
(6) JENNIFER ALLEN DIRECTOR	1.00 0.00	X						0	0	0
(7) JESS MORALES ROCKETTO DIRECTOR (AS OF 5/19/23)	1.00 0.00	X						0	0	0
(8) JOE SOLMONESE DIRECTOR/CHAIR	1.00 0.00	X			X			0	0	0
(9) KATE JHAVERI DIRECTOR	1.00 0.00	X						0	0	0
(10) KERSHA DEIBEL DIRECTOR	1.00 0.00	X						0	0	0
(11) LANDIS BECKER-YOUNG DIRECTOR	1.00 0.00	X						0	0	0
(12) LISA GARDNER DIRECTOR (UNTIL 12/12/22)	1.00 0.00	X						0	0	0
(13) LUZ TOWNS-MIRANDA DIRECTOR (AS OF 5/19/23)	1.00 0.00	X						0	0	0
(14) MAYA HARRIS DIRECTOR/SECRETARY	1.00 0.00	X			X			0	0	0
(15) MAYRA MACIAS DIRECTOR	1.00 0.00	X						0	0	0
(16) MEGHAN STABLER DIRECTOR	1.00 0.00	X						0	0	0
(17) MONIQUE DORSAINVIL DIRECTOR	1.00 0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(18) NATHALIE RAYES DIRECTOR/VICE-CHAIR	1.00 0.00	X		X			0	0	0
(19) PETER HARVEY DIRECTOR (UNTIL 5/19/23)	1.00 0.00	X					0	0	0
(20) QUINN DELANEY DIRECTOR	1.00 0.00	X					0	0	0
(21) STEPHANIE VALENCIA DIRECTOR (UNTIL 7/27/22)	1.00 0.00	X					0	0	0
(22) TANUJA BAHAL DIRECTOR	1.00 0.00	X					0	0	0
(23) TANYA ATKINSON DIRECTOR (AS OF 5/19/23)	1.00 0.00	X					0	0	0
(24) ALEXIS MCGILL JOHNSON PRESIDENT	10.00 25.00			X			246,403	648,461	9,150
(25) VICKIE BARROW-KLEIN EVP & CHIEF OPERATING OFFICER	3.00 32.00			X			41,442	452,494	65,303
(26) KUMIKI GIBSON SVP & GENERAL COUNSEL (UNTIL 9/2022)	3.00 32.00			X			43,308	472,870	28,329
(27) ILANA ESTERRICH CHIEF FINANCIAL OFFICER (AS OF 2/23)	3.00 32.00			X			0	0	0
(28) DAWN LAGUENS CHIEF GLBL STRATEGY & INNOV OFCR	1.00 34.00				X		19,959	573,632	26,380
(29) JETHRO MILLER CHIEF DEVELOPMENT OFFICER	3.00 32.00				X		42,380	462,734	17,924
(30) KIMBERLY CUSTER EVP, FED, ENGAGE & IMPACT	3.00 32.00				X		39,400	430,203	75,744
(31) JACQUELINE AYERS SVP, POLICY CAMPAIGNS & ADVOCACY	3.00 32.00					X	39,790	359,374	37,597
(32) DIANA CONTRERAS CHIEF HEALTHCARE OFFICER	3.00 32.00					X	29,392	320,928	45,566
(33) MELANIE NEWMAN SENIOR VP, COMMUNICATIONS	6.00 29.00					X	68,100	310,029	66,512
(34) MARINA SPYROU CHIEF INFO SECURITY OFFICER	3.00 32.00					X	27,183	296,809	74,429
(35) HILARY CASTILLO CHIEF GLBL OPS & FAC OFCR (UTL 10/22)	3.00 32.00					X	28,409	310,191	26,690
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						625,766	4,637,725	473,624	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 2**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BLUEPRINT INTERACTIVE 1220 19TH STREET NW SUITE 700 WASHINGTON, DC 20036	ADVERTISING	1,059,470
ANGLE MASTAGNI MATHEWS POLITICAL STRAT 507 N SYLVANIA AVE FORT WORTH, TX 76111	CONSULTING	340,852
SIGNIA MARKETING LTD 6521 W 91ST AVE WESTMINSTER, CO 80031	ADVERTISING	221,638
CHONG & KOSTER LLC 1640 RHODE ISLAND AVE NW STE 600 WASHINGTON, DC 20036	ADVERTISING	150,000
WINDY MEDIA LLC 256 MARGINAL ST BOSTON, MA 02128	CONSULTING	120,722

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 8**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants, and Other Similar Amounts, and a Total line for lines 1a-1f.

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include lines 2a through 2f and a Total line for lines 2a-2f.

Table for Other Revenue with multiple columns for sub-categories and revenue amounts. Rows include Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Rental income, Net gain or loss from sales of assets, Fundraising events, Gaming activities, and Sales of inventory.

Table for Other Revenue Misc Amt with columns for Business Code and revenue amounts. Rows include lines 11a through 11d and a Total line for lines 11a-11d, followed by line 12 Total revenue.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18,703,606	18,703,606		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	404,801	265,456	86,052	53,293
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,049,723	2,728,148	1,974,560	1,347,015
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	335,848		335,848	
9 Other employee benefits	843,376	376,937	277,070	189,369
10 Payroll taxes	414,431	190,677	130,380	93,374
11 Fees for services (non-employees):				
a Management				
b Legal	11,621	1,845	9,776	
c Accounting	61,967		61,967	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	2,244,889			2,244,889
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,314,596	2,745,742	3,568,854	
12 Advertising and promotion	7,976,346	4,132,465	11,466	3,832,415
13 Office expenses	1,167,787	198,305	48,694	920,788
14 Information technology	2,269,775	910,857	436,071	922,847
15 Royalties				
16 Occupancy	379,583	171,441	97,216	110,926
17 Travel	709,509	640,375	60,575	8,559
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	927,264	795,427	130,509	1,328
20 Interest	144,612		144,612	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	203,230	91,790	52,050	59,390
23 Insurance	213,689	95,201	56,891	61,597
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER FUNDRAISING EXPEN	2,572,830	1,144,904	3,412	1,424,514
b OUTSIDE PRINTING AND AR	1,737,788	752,397	191	985,200
c MEMBERSHIP DUES	121,495	120,000	1,495	
d REPAIRS AND MAINTENANCE	28,615	12,924	7,329	8,362
e All other expenses	70,874	18,277	46,315	6,282
25 Total functional expenses. Add lines 1 through 24e	53,908,255	34,096,774	7,541,333	12,270,148
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	6,251,771	2,975,123	0	3,276,648

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	26,847,957	1	7,032,125
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	2,907,224	3	4,977,953
	4 Accounts receivable, net	83,723	4	213,362
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,106,131	9	1,061,665
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,307,686	15	445,638
16 Total assets: Add lines 1 through 15 (must equal line 33)	32,252,721	16	13,730,743	
Liabilities	17 Accounts payable and accrued expenses	3,112,034	17	1,890,529
	18 Grants payable	4,653,861	18	1,124,705
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	43,216	25	135,015
	26 Total liabilities. Add lines 17 through 25	7,809,111	26	3,150,249
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	15,975,646	27	2,462,109
	28 Net assets with donor restrictions	8,467,964	28	8,118,385
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	24,443,610	32	10,580,494
33 Total liabilities and net assets/fund balances	32,252,721	33	13,730,743	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,045,139
2	Total expenses (must equal Part IX, column (A), line 25)	2	53,908,255
3	Revenue less expenses. Subtract line 2 from line 1	3	-13,863,116
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,443,610
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	10,580,494

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990)
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

2022

Name of the organization
PLANNED PARENTHOOD ACTION FUND INC

Employer identification number
13-3539048

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
 PLANNED PARENTHOOD ACTION FUND INC

Employer identification number
 13-3539048

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
 PLANNED PARENTHOOD ACTION FUND INC

Employer identification number
 13-3539048

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization
PLANNED PARENTHOOD ACTION FUND INC

Employer identification number
13-3539048

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Additional Data

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Software ID:

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Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization PLANNED PARENTHOOD ACTION FUND INC	Employer identification number 13-3539048
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."	
2	Political campaign activity expenditures. See instructions	\$ 13,704,499
3	Volunteer hours for political campaign activities. See instructions	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$	
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$	
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.		

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$	8,704,649
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$	3,035,713
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.....	\$	11,740,362
4	Did the filing organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1) PLANNED PARENTHOOD ACTION PAC NORTH CAROLINA	100 S BOYLAN AVE RALEIGH, NC 27603	81-3387952	866,500	
(2) PLANNED PARENTHOOD VIRGINIA PAC	201 N HAMILTON ST RICHMOND, VA 23221	20-8710245	600,000	
(3) PLANNED PARENTHOOD ADVOCATES OF WISCONSIN POLITICAL FUND	302 N JACKSON ST MILWAUKEE, WI 53202	27-3225544	350,000	
(4) PLANNED PARENTHOOD GREAT PLAINS VOTES PAC	4401 W 109TH ST STE 200 SAINT LOUIS, MO 63108	81-3024710	267,500	
(5) MICHIGAN PLANNED PARENTHOOD VOTES SUPERPAC	PO BOX 15041 LANSING, MI 48901	47-1644866	200,000	
(6) ALLIANCE FOR COMMON SENSE	1225 EYE STREET NW SUITE 1100 WASHINGTON, DC 20005	86-3218927	200,000	
(7) A BETTER WISCONSIN TOGETHER POLITICAL FUND	6516 MONTANA DRIVE 244 MADISON, WI 53716	84-4295097	200,000	
(8) LIBERTY & JUSTICE FOR KENTUCKY	1747 SULGRAVE LOUISVILLE, KY 40205	92-0389662	150,000	
(9) FRIENDS OF TINA KOTEK	PO BOX 42307 PORTLAND, OR 97242	20-4689019	100,000	
(10) HOME MEANS NEVADA	401 S CURRY ST CARSON CITY, NV 89703	83-2554582	50,000	
(11) NEW MEXICANS FOR MICHELLE	924 PARK AVE SW STE B ALBUQUERQUE, NM 87102	81-4620747	10,399	
(12) MAINE DEMOCRATIC STATE COMMITTEE (STATE ACCOUNT)	320 WATER ST FL 3 AUGUSTA, ME 04330	01-0227304	10,000	
(13) DEMOCRATIC PARTY OF SOUTH CAROLINA - STATE ACCOUNT	1929 GADSDEN STREET COLUMBIA, SC 29201	57-0408246	10,000	
(14) COMMITTEE TO ELECT AARON FORD	PO BOX 96003 LAS VEGAS, NV 89193	27-1370346	10,000	
(15) COMMITTEE TO ELECT STEVE SISOLAK	PO BOX 850 LAS VEGAS, NV 89125	26-3267406	10,000	
(16) ONE GEORGIA	931 MONROE DR NE STE A102 345 ATLANTA, GA 30308	88-0958583	1,314	

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align:left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align:left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members, legislators, or the public?; e Publications, or published or broadcast statements?; f Grants to other organizations for lobbying purposes?; g Direct contact with legislators, their staffs, government officials, or a legislative body?; h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures. See Instructions

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Table with columns Return Reference and Explanation. Row: PART I-A, LINE 1: PLANNED PARENTHOOD ACTION FUND, INC. (THE "ACTION FUND") COMMUNICATED WITH THE GENERAL PUBLIC ABOUT STATE ELECTIONS AND ITS MEMBERS AND THE GENERAL PUBLIC ABOUT FEDERAL AND STATE ELECTIONS. WHERE PERMITTED BY LAW, ITS SPECIFIC ACTIVITIES INCLUDED USE OF THE MAIL, INTERNET, RADIO, TELEVISION ADVERTISING, AND PHONE BANKING TO EDUCATE ITS MEMBERS AND THE PUBLIC ABOUT THE POSITIONS OF CANDIDATES ON ISSUES PERTINENT TO REPRODUCTIVE HEALTH AND TO URGE THEM TO VOTE FOR CANDIDATES LIKELY TO ADVANCE THE ORGANIZATION'S MISSION. THE ACTION FUND SUPPORTED OTHER ORGANIZATIONS UNDERTAKING SIMILAR EFFORTS, INCLUDING (1) FUNDRAISING AND ADMINISTRATIVE EXPENSES OF A RELATED 527 ORGANIZATION (PLANNED PARENTHOOD ACTION FUND, INC. PAC) AND (2) SHARED FACILITIES, SUPPLIES AND ADMINISTRATIVE SERVICES FOR A RELATED 527 ORGANIZATION, PLANNED PARENTHOOD VOTES.

Additional Data

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Supplemental Financial Statements

2022

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization PLANNED PARENTHOOD ACTION FUND INC

Employer identification number

13-3539048

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2a Preservation of land for public use (e.g., recreation or education)
2b Preservation of an historically important land area
2c Protection of natural habitat
2d Preservation of a certified historic structure
2e Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.) . . . ▶ 0

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	135,015

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	40,097,818
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	52,679	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	52,679
3	Subtract line 2e from line 1		3	40,045,139
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	40,045,139

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	53,960,934
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	52,679	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	52,679
3	Subtract line 2e from line 1		3	53,908,255
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	53,908,255

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2:	FIN48- UNCERTAIN TAX POSITIONS THE FIN 48 FOOTNOTE PER THE AUDITED FINANCIAL STATEMENTS STATES THAT THE ACTION FUND RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THE ACTION FUND BELIEVES IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

Additional Data

[**Return to Form**](#)

Software ID:

Software Version:

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
PLANNED PARENTHOOD ACTION FUND INC

Employer identification number
13-3539048

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 M&R STRATEGIC SERVICES INC 1101 CONNECTICUT AVE NW 7TH FL WASHINGTON, DC 20036	CONSULTING		No	10,748,895	85,778	10,663,117
2 O'BRIEN GARRETT 1133 19TH STREET NW STE 300 WASHINGTON, DC 20036	CONSULTING		No	7,946,915	714,205	7,232,710
3 NEW CANVASSING EXPERIENCE INC 78 SAN MARCOS STREET AUSTIN, TX 78702	CONSULTING		No	104,475	988,691	-884,216
4 CAUSEWORX INC 2 MCNAMARA COURT AJAX, CA	TELEMARKETING		No	54,718	235,733	-181,015
5 TELEFUND LLC PO BOX 2366 DENVER, CO 80201	TELEMARKETING		No	44,383	61,691	-17,308
6 PUBLIC INTEREST COMMUNICATIONS INC 7700 LEESBURG PIKE STE 301N FALLS CHURCH, VA 22043	TELEMARKETING		No	34,144	145,939	-111,795
7 GORDON AND SCHWENKMEYER INC 360 N SEPULVEDA BLVD EL SEGUNDO, CA 90245	TELEMARKETING		No	548	12,852	-12,304
8						
9						
10						
Total				18,934,078	2,244,889	16,689,189

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11 Net income summary. Subtract line 10 from line 3, column (d) ▶					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name
Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$.

c If "Yes," enter name and address of the third party:
Name
Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.

Table with 2 columns: Return Reference, Explanation. Row 1: PART I, LINE 2B, COLUMN (V) & FORM 990, PART IX, LINE 24A | IN ADDITION TO PROFESSIONAL FUNDRAISER EXPENSES INCLUDED IN LINE 11E, \$2,572,830 OF OTHER REIMBURSED EXPENSES WERE PAID DIRECTLY TO PROFESSIONAL FUNDRAISERS FOR POSTAGE, MAILHOUSE COSTS, AND MERGE/PURGE. THE PROFESSIONAL FUNDRAISER CONTRACTS AND THE INVOICES PAID DISTINGUISH BETWEEN PAYMENT FOR SERVICES AND PAYMENT FOR THESE EXPENSES. PART 1, LINE 2B, COLUMN (V) AMOUNTS PAID TO CERTAIN FUNDRAISERS RESULTED IN A CURRENT YEAR LOSS BUT SECURED FUTURE DONORS.

Schedule I (Form 990) Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization PLANNED PARENTHOOD ACTION FUND INC

Employer identification number 13-3539048

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Contains 100 rows of grant data.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4

3 Enter total number of other organizations listed in the line 1 table 7

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	THE ORGANIZATION'S MANAGEMENT MONITORS ON A CONTINUING BASIS THE USAGE OF GRANTS TO ENSURE SUCH GRANTS ARE USED FOR INTENDED PURPOSES. GRANTEEES ARE REQUIRED TO SUBMIT A NARRATIVE AND FINANCIAL REPORT EXPLAINING HOW THE GRANT FUNDS WERE EXPENDED.

Additional Data

[Return to Form](#)

Software ID:
Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PLANNED PARENTHOOD ACTION FUND INC

Employer identification number

13-3539048

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	Yes	
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ALEXIS MCGILL JOHNSON PRESIDENT	(i)	246,289	0	114	2,519	0	248,922	0
	(ii)	-----	-----	-----	-----	-----	-----	-----
2 DAWN LAGUENS CHIEF GLBL STRATEGY & INNOV OFCR	(i)	648,161	0	300	6,631	0	655,092	0
	(ii)	-----	-----	-----	-----	-----	-----	-----
3 VICKIE BARROW-KLEIN EVP & CHIEF OPERATING OFFICER	(i)	19,668	0	291	512	375	20,846	0
	(ii)	-----	-----	-----	-----	-----	-----	-----
4 KIMBERLY CUSTER EVP, FED, ENGAGE & IMPACT	(i)	565,278	0	8,354	14,703	10,790	599,125	0
	(ii)	-----	-----	-----	-----	-----	-----	-----
5 KUMIKI GIBSON SVP & GENERAL COUNSEL (UNTIL 9/2022)	(i)	41,338	0	104	1,286	4,193	46,921	0
	(ii)	-----	-----	-----	-----	-----	-----	-----
6 JETHRO MILLER CHIEF DEVELOPMENT OFFICER	(i)	451,364	0	1,130	14,039	45,785	512,318	0
	(ii)	-----	-----	-----	-----	-----	-----	-----
7 MELANIE NEWMAN SENIOR VP, COMMUNICATIONS	(i)	38,381	0	1,019	1,372	4,983	45,755	0
	(ii)	-----	-----	-----	-----	-----	-----	-----
8 JACQUELINE AYERS SVP, POLICY CAMPAIGNS & ADVOCACY	(i)	419,080	0	11,123	14,978	54,411	499,592	0
	(ii)	-----	-----	-----	-----	-----	-----	-----
9 MARINA SPYROU CHIEF INFO SECURITY OFFICER	(i)	26,916	0	16,392	937	1,440	45,685	0
	(ii)	-----	-----	-----	-----	-----	-----	-----
10 DIANA CONTRERAS CHIEF HEALTHCARE OFFICER	(i)	293,889	0	178,981	10,228	15,724	498,822	0
	(ii)	-----	-----	-----	-----	-----	-----	-----
11 HILARY CASTILLO CHIEF GLBL OPS & FAC OFCR (UTL 10/22)	(i)	42,156	0	224	1,504	0	43,884	0
	(ii)	-----	-----	-----	-----	-----	-----	-----
	(i)	460,294	0	2,440	16,420	0	479,154	0
	(ii)	-----	-----	-----	-----	-----	-----	-----
	(i)	68,068	0	32	3,160	8,819	80,079	0
	(ii)	-----	-----	-----	-----	-----	-----	-----
	(i)	309,881	0	148	14,384	40,149	364,562	0
	(ii)	-----	-----	-----	-----	-----	-----	-----
	(i)	39,772	0	18	1,368	2,380	43,538	0
	(ii)	-----	-----	-----	-----	-----	-----	-----
	(i)	359,212	0	162	12,356	21,493	393,223	0
	(ii)	-----	-----	-----	-----	-----	-----	-----
	(i)	27,146	0	37	1,205	5,039	33,427	0
	(ii)	-----	-----	-----	-----	-----	-----	-----
	(i)	296,408	0	401	13,162	55,023	364,994	0
	(ii)	-----	-----	-----	-----	-----	-----	-----
	(i)	29,313	0	79	0	3,823	33,215	0
	(ii)	-----	-----	-----	-----	-----	-----	-----
	(i)	320,070	0	858	0	41,743	362,671	0
	(ii)	-----	-----	-----	-----	-----	-----	-----
	(i)	23,121	0	5,288	648	1,592	30,649	0
	(ii)	-----	-----	-----	-----	-----	-----	-----
	(i)	252,453	0	57,738	7,071	17,379	334,641	0
	(ii)	-----	-----	-----	-----	-----	-----	-----

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 3	PLANNED PARENTHOOD FEDERATION OF AMERICA, INC., A RELATED ORGANIZATION, USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER ORGANIZATIONS, COMPENSATION SURVEY/STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
PART I, LINE 4A:	KUMIKI GIBSON'S EMPLOYMENT AS SVP & GENERAL COUNSEL ENDED IN SEPTEMBER 2022. DURING CALENDAR YEAR 2022 SHE RECEIVED A SEVERANCE PAYMENT OF \$15,731 FROM PLANNED PARENTHOOD ACTION FUND. HILARY CASTILLO'S EMPLOYMENT AS CHIEF GLOBAL OPERATIONS AND FACILITIES OFFICER ENDED IN OCTOBER 2022. DURING CALENDAR YEAR 2022 SHE RECEIVED A SEVERANCE PAYMENT OF \$5,251 FROM PLANNED PARENTHOOD ACTION FUND.

Additional Data

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2022

Open to Public Inspection

SCHEDULE O
(Form 990)**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.Department of the Treasury
Internal Revenue ServiceName of the organization
PLANNED PARENTHOOD ACTION FUND INC

Employer identification number

13-3539048

Return Reference	Explanation
FORM 990, PART III, LINE 1	DESCRIPTION OF ORGANIZATION MISSION: THE ACTION FUND IS FORMED EXCLUSIVELY FOR THE PROMOTION OF SOCIAL WELFARE WITHIN THE MEANING OF SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE OF 1986 AS AMENDED, AND ITS PURPOSES SHALL BE: -TO ENCOURAGE AND PROTECT INFORMED INDIVIDUAL CHOICE REGARDING REPRODUCTIVE HEALTH CARE; -TO ADVOCATE PUBLIC POLICIES WHICH GUARANTEE THE RIGHT, AS WELL AS FULL AND NONDISCRIMINATORY ACCESS, TO SUCH CARE; AND -TO FOSTER AND PRESERVE A SOCIAL AND POLITICAL CLIMATE FAVORABLE TO THE NONDISCRIMINATORY ACCESS, TO SUCH CARE; AND EXERCISE OF REPRODUCTIVE CHOICE. ALL ACTIVITIES UNDERTAKEN BY THE ACTION FUND SHALL BE IN FURTHERANCE OF, AND IN AGREEMENT WITH, THE MISSION OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. ("PPFA"). THE ACTION FUND SHALL NOT PURSUE ANY EFFORTS THAT ARE INCONSISTENT WITH THE POLICY POSITIONS OF PPFA.
FORM 990, PART VI, SECTION A, LINE 1A	THE ACTION FUND HAS AN EXECUTIVE COMMITTEE THAT MAY EXERCISE ALL THE AUTHORITY OF THE FULL BOARD EXCEPT FOR: MATTERS REQUIRING THE APPROVAL OF THE REGULAR MEMBERS; FILLING OF VACANCIES ON THE BOARD OR COMMITTEES; AMENDMENT OR REPEAL OF RESOLUTIONS OF THE BOARD THAT BY THEIR TERMS MAY NOT BE AMENDED OR REPEALED BY THE COMMITTEE; REMOVAL OF VOTING DIRECTORS; INDEMNIFICATION; DISPOSITION OF REAL PROPERTY; AND DISSOLUTION. ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE MEMBERS OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS AND ELECTION OF MEMBERS THE ACTION FUND IS A NOT-FOR-PROFIT MEMBERSHIP ORGANIZATION. THERE ARE THREE CLASSES OF MEMBERS OF THE ACTION FUND: REGULAR, CONTRIBUTING AND ASSOCIATE MEMBERS. THE ASSOCIATE MEMBERS ELECT ONE DIRECTOR; THE REGULAR MEMBERS ELECT THE BALANCE OF THE DIRECTORS. REGULAR MEMBERS ARE THOSE INDIVIDUALS WHO SERVE AS VOTING MEMBERS OF THE BOARD OF DIRECTORS OF PPFA. CONTRIBUTING MEMBERS ARE THOSE INDIVIDUALS WHO: (1)PAY ANNUAL DUES IN AN AMOUNT ESTABLISHED BY THE BOARD; OR (2)ARE "LIFETIME MEMBERS" AS A RESULT OF MAKING ONE OR MORE DUES PAYMENTS IN AN AMOUNT ESTABLISHED BY THE BOARD. CONTRIBUTING MEMBERS HAVE NO VOTING OR OTHER RIGHTS WITH RESPECT TO THE CORPORATION. ASSOCIATE MEMBERS ARE THOSE INDIVIDUALS WHO ANNUALLY AFFIRM THEIR DESIRE TO BE A MEMBER PURSUANT TO A PROPERLY EXECUTED FORM PROVIDED BY THE CORPORATION. ASSOCIATE MEMBERS HAVE NO VOTING RIGHTS OR OTHER RIGHTS WITH RESPECT TO THE CORPORATION, EXCEPT THAT THEY MAY PARTICIPATE IN THE ELECTION OF ONE VOTING MEMBER OF THE BOARD, THE ASSOCIATE DIRECTOR.
FORM 990, PART VI, SECTION A, LINE 7A	SEE RESPONSE TO PART VI, SECTION A, LINE 6.
FORM 990, PART VI, SECTION A, LINE 7B	IN ADDITION TO THE BOARD, THE REGULAR MEMBERS APPROVE CHANGES TO THE BYLAWS.
FORM 990, PART VI, SECTION B, LINE 11B	BOARD REVIEW OF FORM 990: THE ACTION FUND'S FORM 990 IS PREPARED BY AN INDEPENDENT PAID TAX PREPARER. THE DRAFT RETURN IS REVIEWED BY THE ORGANIZATION'S SHARED FINANCE STAFF, CHIEF FINANCIAL OFFICER AND THE LEGAL DEPARTMENT. THE FINAL DRAFT 990 IS REVIEWED BY THE ACTION FUND'S FINANCE COMMITTEE. ONCE THE DRAFT FORM 990 IS APPROVED BY THE FINANCE COMMITTEE, COPIES OF THE COMPLETE FORM 990 ARE PROVIDED TO EACH VOTING MEMBER OF THE GOVERNING BOARD PRIOR TO SUBMISSION AND FILING WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY: PURSUANT TO A RESOURCE-SHARING AGREEMENT BETWEEN THE ACTION FUND AND PPFA - A RELATED ORGANIZATION - THE ACTION FUND IS PERMITTED TO USE PPFA EMPLOYEES TO CONDUCT ACTION FUND ACTIVITIES. ANNUALLY, PPFA ASKS ITS KEY EMPLOYEES, OTHER EMPLOYEES, AND OFFICERS TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY. IN ADDITION, THE ACTION FUND HAS ITS BOARD MEMBERS SIGN A CONFLICT OF INTEREST POLICY ANNUALLY. THE ACTION FUND'S LEGAL COUNSEL FOLLOWS UP TO RESOLVE ANY DISCLOSED CONFLICTS. IF A CONFLICT IS IDENTIFIED, THE INTERESTED INDIVIDUAL MAY NOT BE PRESENT AT, OR PARTICIPATE IN DELIBERATION, OR VOTE ON THE MATTER GIVING RISE TO THE CONFLICT.
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION REVIEW PROCESS: PURSUANT TO A RESOURCE-SHARING AGREEMENT BETWEEN THE ACTION FUND AND PPFA - A RELATED ORGANIZATION - THE ACTION FUND IS PERMITTED TO USE PPFA EMPLOYEES TO CONDUCT ACTION FUND ACTIVITIES SO LONG AS THE ACTION FUND REIMBURSES PPFA THE ALLOCABLE SHARE OF THE COST OF SUCH USE. PPFA HAS A COMPENSATION SETTING BODY (THE BODY) THAT REVIEWS AND APPROVES THE COMPENSATION OF THE LEADERSHIP STAFF OF PPFA, INCLUDING THE PRESIDENT AND CEO, CHIEF FINANCIAL OFFICER, EVP AND CHIEF OPERATING OFFICER, AND OTHER MEMBERS OF THE EXECUTIVE TEAM. THIS INDEPENDENT BODY IS COMPRISED OF THE OFFICERS OF THE PPFA BOARD AND THREE OTHER DIRECTORS, WITH THE CHAIR OF THE BOARD SERVING AS ITS CHAIR. THE REVIEW AND APPROVAL OF THE SALARIES OF THESE EMPLOYEES TAKES PLACE ON AN ANNUAL BASIS USING COMPARABILITY DATA SUCH AS INDUSTRY SURVEYS, DOCUMENTED COMPENSATION OF PERSONS HOLDING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS, AND/OR INDEPENDENT COMPENSATION STUDIES. THE PROCEEDINGS ARE DOCUMENTED CONTEMPORANEOUSLY IN MINUTES. THE MOST RECENT REVIEW OCCURRED IN NOVEMBER 2023.
FORM 990, PART VI, SECTION C, LINE 19	PUBLIC DISCLOSURE OF GOVERNING DOCUMENTS: THE ACTION FUND'S FINANCIAL REPORT AND FORM 990 ARE AVAILABLE UPON REQUEST.
FORM 990, PART VII, SECTION A:	FORM 990, PART VII COMPENSATION IS BASED ON THE ORGANIZATION'S CALENDAR YEAR ENDED DECEMBER 31, 2022. ILANA ESTERRICH'S EMPLOYMENT AS CHIEF FINANCIAL OFFICER STARTED IN FEBRUARY 2023. SHE DID NOT RECEIVE ANY COMPENSATION DURING CALENDAR YEAR 2022.

Additional Data

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

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Inspection**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
PLANNED PARENTHOOD ACTION FUND INC

Employer identification number

13-3539048

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CANCER SURVIVORS NETWORK FOR PP 123 WILLIAM STREET 10TH FL NEW YORK, NY 10038 80-0713524	CANCER SURVIVOR ADVOCACY	DE	0	0	PPAF

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PLANNED PARENTHOOD FEDERATION OF AMERICA 123 WILLIAM STREET NEW YORK, NY 10038 13-1644147	SEXUAL HEALTH	NY	501(C)(3)	LINE 7	N/A		No
(2) PLANNED PARENTHOOD ACTION FUND INC PAC 123 WILLIAM STREET NEW YORK, NY 10038 13-3885199	POLITICAL ACTIVITY	NY	527		PPAF	Yes	
(3) PLANNED PARENTHOOD VOTES 123 WILLIAM STREET NEW YORK, NY 10038 13-4128897	POLITICAL ACTIVITY	NY	527		PPAF	Yes	
(4) PLANNED PARENTHOOD GLOBAL INC 123 WILLIAM STREET NEW YORK, NY 10038 47-5312115	GLOBAL SEXUAL HEALTH	DE	501(C)(3)	LINE 7	PPFA	Yes	
(5) PP GLOBAL AFRICA REGIONAL OFFICE ONE PADMORE PLACE 11TH FL GEORGE P NAIROBI 5538-00200 KE	GLOBAL SEXUAL HEALTH	KE	501(C)(3)	LINE 7	PP GLOBAL	Yes	
(6) PP GLOBAL UGANDA BANK BLDG PLOT 4 NILE AVE PO BOX KAMPALA 71 UG	GLOBAL SEXUAL HEALTH	UG	501(C)(3)	LINE 7	PP GLOBAL	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SCALE FOR CHANGE LLC 123 WILLIAM ST NEW YORK, NY 10038 46-5346839	STAFFING SERVICES	DE	PPAF	C	10,069,537	2,203,040	100.000 %	Yes	
(2) PPGLOBAL SA 123 WILLIAM ST NEW YORK, NY 10038	GLOBAL SEXUAL HEALTH	EC	PP GLOBAL	C				Yes	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a	Yes	
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n	Yes	
1o	Yes	
1p		No
1q	Yes	
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)SCALE FOR CHANGE	M	3,118,011	ACTUAL PAYMENTS
(2)PLANNED PARENTHOOD VOTES	Q	1,103,663	ACTUAL PAYMENTS
(3)PLANNED PARENTHOOD VOTES	O	1,683,181	BASED ON USAGE
(4)PLANNED PARENTHOOD VOTES	N	1,650,142	BASED ON USAGE
(5)PLANNED PARENTHOOD VOTES	A	13,926	BASED ON USAGE
(6)SCALE FOR CHANGE	O	30,480	BASED ON USAGE
(7)SCALE FOR CHANGE	N	22,200	BASED ON USAGE

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) 2021

Additional Data[Return to Form](#)

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